

Community Health Profile for \_\_\_\_\_ County  
**Analysis Tool**  
Version 6/5/2002

Complete this document only if you have not done a complete data analysis within the past 36 months.

**Section I: Review of Health Status Indicators**

**A. Community Health Indicators**

**General Statistics**

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**Sections 1,2,3. Demographic/Education/Socioeconomic Indicators**

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*Understanding a population's age distribution, race and ethnic composition, and income characteristics is essential to identifying health needs and planning health programs. The demographic and socioeconomic indicators represent important population characteristics that can have related health attributes.*

- **Age Analysis:** Compare the county and state percentage of age distribution and describe how the county age distribution is different from the state. (Note especially the females 15-44 and 65 and over age groups as well as the 0-5 age group). [Use 1a, 1b data](#). Separate even further by age to access adolescent population information.
  
- **Race/Ethnicity Analysis:** Compare the county and state distribution and describe how county distribution is different from the state. Special consideration should be given to migrant, immigrant, or refugee population groups and any special needs or health risks within minority populations. [Use 1d, 1e, 1g data](#)
  
- **Sociocultural Demographic Features:** Identify any unique features of your county that may increase risks of a health problem for members of your community. (Examples: educational levels, family size and structure, poverty, literacy). How does age distribution impact poverty? [Use 1a, 1b, 3b, 3e, 3h, 2a data](#) Family structure? Educated females more likely to be single longer, have children later. [Use 1c, 2a, 1b, 3a, 3d data](#). High dropout rates and poverty?
  
- **Economic Indicators:** Identify features related to household income, employment opportunity, and economic stability of the community.

Increased economy is a predictor of (or is correlated with) an increase in the high school drop rate. [Use data 3e, 3l, 2c](#). What percentage of children are impoverished?

## Health Risk Indicators

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### Section 4. Review of Environmental Health Risk Indicators

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*This section includes indicators related to health factors in areas of environmental health.*

- **Identify indicators related to the environment that may pose health risks to members of the community. Consideration should be given to potential environmental risks that may be unique to the county. (Examples, industry, hazardous waste sites, failing sewage disposal or treatment systems, private wells, indoor and outdoor air quality).** [Use 4a, 4b, 4l, 4g, 4j, 4h, 4k data](#)  
*What is proximity of hazardous waste sites and sewage disposal systems to public/private water supply? [Use 4g, 4c, 4l, 4j for data](#).*
  
- **What percent age of housing in your county was built before 1950? Describe any asbestos or lead abatement/renovation projects that have been undertaken.** *Use 4a, 4b for data. Link to poverty level and geographic location. Are there links between old housing, lead, and geographic distribution of residents or residential areas? [Use 4a, 4b, 3e, 3f, 3h data](#)*
  
- **What percentage of children in your county are tested for lead poisoning? What is being done to increase the percentage? What percentage of those tested is found to have elevated blood levels?** [Use 3e, 4b for data](#)  
*The greater the number of children in poverty, the more likely they are to live in substandard housing with the potential for the presence of lead. Can you draw any links between poverty level and children with elevated levels? Are the levels higher in particular parts of the county? Are these areas consistent with "pockets" of impoverished areas of the county?*
  
- **Identify contaminants affecting the environmental quality of homes, day cares, schools, and other public buildings in the county. (Examples: radon, asbestos, lead, carbon monoxide)** [Use 4k, 4l for data](#)
  
- **Identify risks to residents and visitors related to food or water borne outbreaks, or communicable disease outbreaks. List occurrence rates and describe efforts to reduce risk.** [Use 4c, 4d for data](#)

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**Section 5,6,7. Public Safety/Domestic Violence/Unintended Injuries**

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*This section examines indicators of risks to the safety of residents and visitors to the county.*

- **Analyze crime rates including homicide, juvenile crime, and violent crimes as well as domestic violence for special circumstances related to specific age groups or special populations.** [Use 5a, 5d, 5c, 6c, 5b data](#)  
*What policies are in place now to address domestic violence? What trends do you see in rates since policies have been in place?*
  
- **Identify the major types of work-related injuries, and the industry or specific populations primarily effected.** [Use 7a data](#)  
*What tactics are in place to address the problem? Examine any trends. Do the tactics appear to be working?*
  
- **Analyze circumstances related to traffic safety including use of seat belts, age of drivers, and drug or alcohol use.** [Use 7c, 5f, 5g, 5e, 7b data](#)  
*What is the age when persons are allowed in bars? Are there any colleges or universities in your town? Poverty and education are linked to drug and alcohol use. May want to compare with state rates. Notice any trends?*
  
- **Identify and analyze indicators of maltreatment or neglect of vulnerable populations including the elderly and children.** [Use 6a, 6b, 6d data](#)  
*Trends over past years? Can any new proposed legislation be linked to an increase or decrease in the trends seen?*
  
- **Identify the major types of injuries in your county, the causes, and the population groups primarily involved. Consider information about use of child safety seats or bicycle helmets and whether other appropriate prevention strategies are being used.** [Use 5a?, 7a, 7c, 6c, 7d, 7e, 7b data](#)

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## Section 8. Maternal and Child Health Indicators

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*The purpose of the Maternal and Child health Indicators is to provide an overview of the key components of maternal, infant, and child health and the risk factors that contribute to ill health and poor outcomes. In addition to the infant mortality rate, these indicators include important measures of increased risk of death and disability, such as incidence of low birth weight and receipt of prenatal care. Early childhood mortality and child abuse/neglect indicators from other sections are listed again and should be considered in analysis of this section.*

- **Discuss how your county compares with the rest of the state on maternal and child health indicators and whether rates are increasing or decreasing. Identify information unique to specific races or special populations.** [Use entire section 8 data](#). *Are there any outstanding years where both numbers were high? Any social conditions that can be linked to an increase or decrease in numbers (i.e. extra snow days, new legislation, etc).*
  
- **Identify any underlying problems related to low birth weight and infant mortality.** [Use 8d, 8a, 8f, 8g, 8p, 8c data](#)  
*Compare the number of teen births and number of low birth weight babies. Any trends noticed?*
  
- **Analyze indicators related to prenatal risks such as teen pregnancy, birth spacing, late or no prenatal care to identify specific race, characteristics or underlying problems of population effected.** [Use 8f, 8l, 8j data](#)
  
- **Consider major causes of injuries, and/or deaths of children in the county, special circumstances or specific populations effected, whether injury or death was preventable, and what strategies could be put in place.** [Use 8p, 8l data](#)  
*What strategies are in place now?*

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### **Sections 9,11,12. Prevalence of Disease Indicators**

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*This section provides an overview of infectious and chronic disease rates and leading causes of mortality in the community. The chronic disease indicators also illustrate the prevalence of risk factors controllable by individuals that can play an important role in the prevention and management of disease.*

- **Discuss how your county compares with the rest of the state on infectious disease indicators. Identify and include information unique to races or special populations.** [Use 9a, 9b, 9c, 9d, 9e, 9g, 9h data](#)
  
- **Discuss circumstances surrounding vaccine preventable disease cases including influenza and pneumonia. Note county immunization rates and outreach efforts.** [Use 9f, 9i data](#)
  
- **Identify and discuss the risk factors for substance abuse and tobacco use and identify prevention and treatment resources.** [Use 11a, 11e data.](#)  
*It may be good to break out by age and identify any age-specific or culturally relevant resources (i.e. smoking cessation or substance-abuse programs specifically targeted @ adolescent population or sweat lodge ceremonies for Native-American population).*
  
- **Review mortality data and causes of hospitalization related to chronic disease and identify the most prevalent. Are causes of hospitalization and death consistent with risk behaviors?** [Use all section 12 data, 11c.](#)  
*Include info on race or special populations. Consider whether some chronic diseases that are ordinarily not killers present more of a problem for certain races or populations. How are hospitalization and mortality rates for specific diseases different across populations?*
  
- **Discuss how the county compares with the state on chronic disease indicators. Identify and include information unique to races or special populations.** [Use section 11 data.](#)
  
- **Identify circumstance of mortality data related to suicide. Identify special populations, age, education, income, ethnicity, and geography.** [Use 12l, 12k data.](#) *Are substance abuse mortalities included in the total number suicides (i.e. suicides by overdose).*
  
- **Discuss other causes of mortality where rates are higher than the state.** *Use section 12 data.*

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### **Section 10. Nutritional Status Indicators**

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*Poor eating habits and obesity are predictors of future decline in health status. This section examines some indicators of nutritional health.*

- Review information related to participation in the WIC program, other food assistance programs and in nutrition sites to determine whether utilization patterns are consistent with eligibility estimates. Identify whether any program underutilized by specific race or population groups. [Use 10c, 10d, 10h data](#)
- Review outcome indicators for participants in the WIC program such as proper weight gain during pregnancy, child growth and development, and rates of iron deficiency anemia to identify areas where improvement is needed. [Use 10a, 10d, 10b, 10e data](#)
- Analyze indicators of obesity and inadequate diet by particular age groups, race, or special populations. Identify any resources within the community to support improved eating habits. [Use 10e, 10g, 10h data](#)
- What is the rate of breast-feeding for the county? What methods are used to promote the potential benefits? [Use 10b data](#)

## **Section II: Review of Community Health Improvement Capacity**

### **B. Community Health Improvement Capacity Indicators**

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#### **Section 13. Health Care System Indicators**

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*Indicators in this section attempt to quantify the availability and use of basic health services and barriers to health care access.*

- Are there any special problems your community faces that restrict access to care? [Use section 13 data](#). Is there unexplained lag time in EMS response to certain neighborhoods?
- What percentage of your population lacks health insurance coverage? Is there any special population group without health insurance? [Use 13g, 13f data](#).
- What specialty services are needed but not available in your community? (Example: dental health, mental health services). [Use 13c, 13d, 13k data](#).

- **Is there a choice of primary care providers in your community?** [Use 13a, 13l, 13k, 13b data](#). How many of these providers are Medicaid participants? How many Medicaid dentists are available in your community?
- **Are there any populations not served by language-specific or culturally knowledgeable service providers?** [Use 13e data](#).
- **Are resources available to provide transportation for health care access?** What are the hours of operation? Is transportation available for persons with disabilities?
- **Do resources accommodate those needing sight and hearing impaired services or other assisting technology?** [Use 13p, 14g data](#). What resources are available for persons with disabilities? Are home health services available in the area? How many providers exist? Compare with age demographics to predict whether you may experience future shortages in providers or other problems in servicing the elderly or disabled population.

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#### **Section 14. Community Health Resource Indicators**

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*This section outlines resources available in the community to address problems and needs identified in previous sections.*

**Use this section to review and update your County Resource Guide and to identify any resource gaps that exist in your community.** *Why might these gaps exist? What could be done to address these needs?*

## Community Health Assessment Summary of Findings

For \_\_\_\_\_ County

A) Review of community health status indicators, including primary and secondary data, reveals the following problems:

B) Review of Behavioral Risk Factor Surveillance System or other locally conducted Community Survey (if a community survey was completed within the past 36 months) reveals the following problems:

C) The 3 most significant problems affecting the health status of population within the jurisdiction of the local public health agency are (public health priorities):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

\_\_\_\_\_  
Signature of Local Public Health Agency Administrator or person completing this form

Date \_\_\_\_\_

Note: on question B, the Core Public Health Functions Contract does **not** require a locally conducted community survey.